

Grievance Form

Name of Complainant : _____

Date: _____

Person Who Received Complaint: _____

Brief Description of Grievance

Resolution Made and any Follow-Up Agreed to or Required

Complainant's Signature: _____

Date: _____

Grievance Officer's Signature _____ **Date:** _____

To be Completed by Grievance Officer or Manager

Is Further Intervention Necessary? _____

Comments
